

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2278

State File No. _____

Registration District No. 204

Primary Registration District No. 3012

Registrar's No. 3

1. PLACE OF DEATH: Clinton
(a) County Cameron
(b) City or town _____
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Harry L Freeman
(b) If veteran, name war _____ (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Fannie Freeman (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Jan. (Month) 23 (Day) 1860 (Year)

8. AGE: Years 80 Months 11 Days 22 If less than one day
hr. _____ min. _____

9. Birthplace Penn. (City, town, or county) (State or foreign country)

10. Usual occupation Traveling Salesman

11. Industry or business _____

12. Name Henry L Freeman

13. Birthplace Penn. (City, town, or county) (State or foreign country)

14. Maiden name Sarah Starkweather

15. Birthplace Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Miss Harry L. Freeman

(b) Address Cameron

17. (a) Burial (b) Date thereof 1-18-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ostons Cemetery

18. (a) Signature of funeral director Poland Funeral Home

(b) Address Cameron

19. (a) Jan 17 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. West 4th. St
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 15
year 1941 hour 4.00P.M. minute _____

21. I hereby certify that I attended the deceased from May 24
_____ 1946 to Jan 15 1941;
that I last saw him alive on Jan 15
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
45
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) D

Address Cameron, Mo Date signed Jan 17 1941

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *James Scott Luckshon*
Licensed Embalmer No. *4092*
P. O. Address *Camden, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.